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Tularemia

Fact Sheet

Suspect Tularemia Case Investigation Form (For use only if bioterrorism is suspect)

Investigation of Tularemia (VPH-5)

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Tularemia

Overview ^(1,2)

For a complete description of tularemia, refer to the following texts:

- Control of Communicable Diseases Manual (CCDM).
- Red Book, Report of the Committee on Infectious Diseases.

NOTE: Tularemia is a potential bioterrorism weapon. **If the case has no remarkable history of natural exposure (e.g., tick bite), a bioterrorism event should be considered.** If you suspect that you are dealing with a bioterrorism situation, contact your Regional Communicable Disease Coordinator immediately.

Case Definition ⁽³⁾

Clinical description

An illness characterized by several distinct forms, including the following:

- Ulceroglandular (cutaneous ulcer with regional lymphadenopathy)
- Glandular (regional lymphadenopathy with no ulcer)
- Oculoglandular (conjunctivitis with preauricular lymphadenopathy)
- Oropharyngeal (stomatitis or pharyngitis or tonsillitis and cervical lymphadenopathy)
- Intestinal (intestinal pain, vomiting, and diarrhea)
- Pneumonic (primary pleuropulmonary disease)
- Typhoidal (febrile illness without early localizing signs and symptoms)

Clinical diagnosis is supported by evidence or history of a tick or deerfly bite, exposure to tissues of a mammalian host of *Francisella tularensis*, or exposure to potentially contaminated water.

Laboratory criteria for diagnosis

Presumptive:


- Elevated serum antibody titer(s) to *F. tularensis* antigen (without documented fourfold or greater change) in a patient with no history of tularemia vaccination or
- Detection of *F. tularensis* in a clinical specimen by fluorescent assay

Confirmatory:

- Isolation of *F. tularensis* in a clinical specimen or
- Fourfold or greater change in serum antibody titer to *F. tularensis* antigen

Case classification

Confirmed: a clinically compatible case with confirmatory laboratory results

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Probable: a clinically compatible case with laboratory results indicative of presumptive infection

Information Needed for Investigation

- **Verify the diagnosis.** Determine what laboratory tests were conducted and the results.
- **Establish the extent of illness.** Determine if household or other close contacts are, or have been, ill by contacting the health care provider, patient or family member.
- **Maintain a high index of suspicion** regarding any cluster of cases of pneumonia diagnosed as being due to *F. tularensis*. This should be reported promptly to the Regional Communicable Disease Coordinator because of the potential use of this organism as a biowarfare agent.

Case/Contact Follow Up And Control Measures

If terrorist activity is suspected:

- Contact appropriate law enforcement authorities.
- Contact the Regional Communicable Disease Coordinator.
- Complete the “Missouri Department of Health and Senior Services, Suspect Tularemia Case Investigation Form.” This form is included in this Section.

General follow-up:


Determine the source of infection. Tularemia is not transmitted person-to-person. However, shared activities or exposures should be investigated for cases among families and friends.

Control Measures

See the Control of Communicable Diseases Manual, Tularemia, “Methods of control.”

See the Red Book, Tularemia, “Control Methods.”

- Avoid bites of deerflies, mosquitoes, and ticks.
- Use insect repellents.
- Wear light-colored clothing so ticks can be easily observed and removed.
- Wear shirts with long sleeves and pants to reduce exposure to ticks, mosquitoes, and deerflies; tuck pants into socks or tall boots.
- Conduct body checks for ticks frequently and remove ticks promptly.
- Avoid drinking, bathing, swimming, or working in untreated water, particularly in areas where tularemia is known to be endemic.

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Laboratory Procedures

The State Public Health Laboratory (SPHL) conducts testing for *F. tularensis*.

These specimens may be highly infective. Extreme caution should be taken in collecting, preparing for shipment, and transporting any material suspected of being contaminated with a biological agent.

- **Specimen Collection and Transport**

- Clinical: Tissue samples from humans (or animals) must be submitted frozen (-30 to -70 degrees C). Best samples for testing include liver, spleen, lungs or lymph node. If pneumonic tularemia is suspected, collect a sputum or bronchial/tracheal wash. Specimens can be placed in any sterile container that seals well. Blood can also be cultured, but is seldom positive.
- Reference cultures: The SPHL can also confirm or identify any organism isolated from another laboratory that is suspected of being *F. tularensis*. Reference cultures should be submitted on an enriched chocolate slant.
- Environmental samples: At this time, environmental sampling, if performed, would be situation-specific. No standardized testing procedures are available. Consult the SPHL.


- **Testing available**: Culture, isolate identification, DFA and rapid antigen detection by TRF.
- **Reporting**: All reporting times are the minimum time. Any individual specimen could take longer. *F. tularensis* is a very slow-growing organism. Primary isolation from a clinical specimen may take three to five days. The SPHL can perform an FA and TRF directly on tissue specimens. This could be completed within two to three hours after receipt of the specimen at the laboratory. Confirmation of a suspect organism isolated at another laboratory by direct FA and TRF can be completed within one to two hours of receipt at the SPHL.

Additional information on laboratory procedures can be obtained from the Regional Communicable Disease Coordinator or from staff at the SPHL. The SPHL telephone number is 573-751-0633 and the web site is: <http://www.dhss.state.mo.us/Lab/index.htm>. (3 June 2003)

Reporting Requirements

Tularemia is a Category I(B) disease and shall be reported to the local health authority or to the Missouri Department of Health and Senior Services (DHSS) within 24 hours of first knowledge or suspicion by telephone, facsimile or other rapid communication.

1. For all cases, complete a "Disease Case Report" (CD-1).
2. For non-bioterrorism cases, complete an "Investigation of Tularemia" (VPH-5).

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3. Entry of the completed CD-1 into MOHSIS negates the need for the paper CD-1 to be forwarded to the Regional Health Office.
4. Send the completed secondary investigation form to the Regional Health Office.
5. For cases suspected of being part of a bioterrorist event, complete a “Suspect Tularemia Case Investigation Form”
6. All outbreaks or “suspected” outbreaks must be reported as soon as possible (by phone, fax or e-mail) to the Regional Communicable Disease Coordinator. This can be accomplished by completing the Missouri Outbreak Surveillance Report (CD-51).
7. Within 90 days from the conclusion of an outbreak, submit the final outbreak report to the Regional Communicable Disease Coordinator.

References

1. Chin, James, ed. “Tularemia (Rabbit fever, Deer-fly fever, Ohara disease, Francis disease).” Control of Communicable Diseases Manual. 17th ed. Washington, DC: American Public Health Association, 2000:532-535.
2. American Academy of Pediatrics. “Tularemia.” In: Pickering LK, ed. 2000 Red Book: Report of the Committee on Infectious Diseases. 25th ed. Elk Grove Village, IL. 2000: 618-620.
3. Centers for Disease Control and Prevention. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997: 46 (No. RR-10). “Tularemia,” 1999, http://www.cdc.gov/epo/dphsi/casedef/tularemia_current.htm (3 June 2003)

Other Sources of Information

1. Hornick, Richard B. “Tularemia.” Bacterial Infections of Humans Epidemiology and Control. 3rd ed. Eds. Alfred S. Evans and Philip S. Brachman. New York: Plenum, 1998: 823-837.
2. Cross, J. Thomas Jr. and Robert L. Penn. “*Francisella tularensis* (Tularemia).” Principles and Practice of Infectious Diseases. 5th ed. Eds. Gerald L. Mandell, John E. Bennett, and Raphael Dolin. New York: Churchill Livingstone, 2000: 2393-2401.
3. The Merck Veterinary Manual. 8th Ed. Ed. Susan E. Aiello. Whitehouse Station, NJ: Merck & Co., Inc., 1998: 494, 2166, 1394. <http://www.merckvetmanual.com/mvm/index.jsp> (search “tularemia”). (3 June 2003)

Web Sources of Information

U.S. Army Institute of Infectious Diseases, “Biological Agent Information Papers-Tularemia.” <http://www.nbc-med.org/SiteContent/MedRef/OnlineRef/GovDocs/BioAgents.html#TULAREMIA> (3 June 2003).

Tularemia

FACT SHEET

What is tularemia?

Tularemia is a bacterial disease (*Francisella tularensis*) that infects both humans and animals. Although many wild and domestic animals have been infected, the rabbit is most often involved in disease outbreaks.

Who gets tularemia?

People who spend a great deal of time outdoors are at greater risk of exposure to tularemia than people with other occupational or recreational interests. People at risk also include those who come in contact with flesh or blood of infected animals, such as: laboratory workers, farmers, veterinarians, hunters, trappers, those who cook/handle wild game, and spouses of hunters or other household members.

How is tularemia spread?

Many routes of human exposure are known to exist, including:

- The bite of an infected tick or biting fly.
- Contact of the skin or mucous membranes with contaminated water or blood/tissue while handling, dressing, or skinning infected animals.
- Handling or eating insufficiently cooked meat of infected animal hosts (e.g., rabbits).
- Drinking contaminated water.
- Inhalation of dust from contaminated soil, grain, or hay.
- Handling contaminated paws or pelts of animals.
- Rarely, from bites of coyotes, squirrels, skunks, hogs, cats, and dogs whose mouths presumably were contaminated from eating an infected animal.

Tularemia is not spread from person-to-person.

What are the symptoms of tularemia?

The symptoms of tularemia depend on whether the bacteria enter through the skin, gastrointestinal tract, or lungs. When these bacteria are introduced into the skin (e.g., tick bite), symptoms usually consist of an ulcerative skin lesion and swollen glands. Ingestion of the organism in food or water may produce a throat infection, abdominal pain, diarrhea, and vomiting. Inhalation of the organism in dust may produce a fever alone or combined with a pneumonia-like illness.

How soon do symptoms appear?

Symptoms generally appear within 1 to 14 days, but usually within 3 to 5 days.

What is the treatment for tularemia?

Certain antibiotics are effective in treating tularemia, such as streptomycin and gentamicin.

Does past infection make a person immune?

Long-term immunity will follow recovery from tularemia. However, reinfection has been reported, particularly in laboratory workers.

How can tularemia be prevented?

1. Rubber gloves should be worn when skinning or handling animals, especially rabbits.
2. Wild game, especially rabbit, muskrat, and squirrel, should be cooked thoroughly before eating.
3. Avoid drinking, swimming, or working in untreated water where infection may prevail among wild animals.
4. Avoid bites of flies and ticks.
5. Avoid tick-infested areas, especially during the warmer months.
6. Wear light colored clothing so ticks can be easily seen and removed. Wear a long sleeved shirt, hat, long pants, and tuck your pant legs into your socks.
7. Walk in the center of trails to avoid overhanging grass and brush.
8. Check your body every few hours for ticks when you spend a lot of time outdoors in tick-infested areas. Ticks are most often found on the thigh, arms, underarms, and legs or where tight fitting clothing has been.
9. Use insect repellents containing DEET on your skin and permethrin on your clothing. Be sure to follow the directions on the container and wash off repellents when going indoors. Carefully read the manufacturer's label on repellents before using on children.
10. Ticks should be removed promptly and carefully by using tweezers and applying gentle, steady traction. Do not crush the tick's body when removing it. Apply the tweezers as close to the skin as possible to avoid leaving tick mouthparts in the skin. Do not remove ticks with your bare hands. Protect your hands with gloves, cloth, or tissue and be sure to wash your hands after removing a tick.
11. After removing the tick, disinfect the skin with soap and water or other available disinfectants.
12. Universal precautions pertaining to protection from drainage/secretions from infected individuals should be followed.

**Missouri Department of Health and Senior Services
Section for Communicable Disease Prevention
Phone: (866) 628-9891 or (573) 751-6136**

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES SUSPECT TULAREMIA CASE INVESTIGATION FORM

Today's date: ____/____/____		ID :	
Patient name		First _____	Last _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth: ____/____/____	Age: _____
Home address:		Zip:	Phone 1:
City/Borough:		County::	Phone 2:
Employer:		Occupation:	Work location:
Work address:		Zip:	Phone:
City/Borough		County:	
Any recent travel outside of MO?	Y	N	Unknown If yes, where and when:

MEDICAL HISTORY:				Dr.'s name and contact info:			
<p>Has patient experienced any of the following symptoms for the first time since _____? <i>(Circle one answer for each symptom)</i></p>							
<p>New onset skin lesions (i.e., rash, papule, ucler, vesicle, pustule, purpuric lesions)?</p>				<p>Onset date: ____/____/____</p>			
<p>Location of lesion(s):</p>				<p>Initial description:</p>		<p>Progression:</p>	
<p>Date Notes</p>				<p>Date Notes</p>		<p>Date Notes</p>	
<p>Itchy Y N Unk</p>				<p>Swollen Y N Unk</p>		<p>Tender Y N Unk</p>	
<p>Oozing Y N Unk</p>				<p>Satellite blisters Y N Unk</p>		<p>Eschar Y N Unk</p>	
<p>Surrounding Edema Y N Unk</p>				<p>If yes, max temp: ____ F</p>		<p>Onset date: ____/____/____</p>	
<p>Fever Y N Unknown</p>				<p>Chills Y N Unknown</p>		<p>Onset date: ____/____/____</p>	
<p>Malaise Y N Unknown</p>				<p>Muscle aches Y N Unknown</p>		<p>Onset date: ____/____/____</p>	
<p>Headache Y N Unknown</p>				<p>Pharyngitis/Tonsillitis Y N Unknown</p>		<p>Onset date: ____/____/____</p>	
<p>Diaphoresis Y N Unknown</p>				<p>Weight loss Y N Unknown</p>		<p>Onset date: ____/____/____</p>	

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SUSPECT TULAREMIA CASE INVESTIGATION FORM**

Pulse-temperature dissociation	Y	N	Unknown		Onset date: ____/____/____
Cough	Y	N	Unknown	<input type="checkbox"/> Productive <input type="checkbox"/> Bloody <input type="checkbox"/> Purulent	Onset date: ____/____/____
Chest pain/discomfort	Y	N	Unknown		Onset date: ____/____/____
Shortness of breath	Y	N	Unknown		Onset date: ____/____/____
Pneumonia	Y	N	Unknown		Onset date: ____/____/____
Respiratory distress	Y	N	Unknown		Onset date: ____/____/____
Abdominal pain	Y	N	Unknown		Onset date: ____/____/____
Nausea/vomiting	Y	N	Unknown		Onset date: ____/____/____
Diarrhea	Y	N	Unknown	<input type="checkbox"/> Bloody	Onset date: ____/____/____
Lymphadenopathy	Y	N	Unknown	If yes, where? _____ <input type="checkbox"/> Painful	Onset date: ____/____/____
Conjunctivitis	Y	N	Unknown	If yes, where? _____	Onset date: ____/____/____
Sepsis	Y	N	Unknown		Onset date: ____/____/____
Meningitis	Y	N	Unknown	<input type="checkbox"/> Hemorrhagic	Onset date: ____/____/____
Other signs/symptoms: 					

Care:	Name and Location	Date of visit/consult:	Comments
<input type="checkbox"/> Admitted to hospital:	_____		
<input type="checkbox"/> Seen by PMD:	_____		
<input type="checkbox"/> Seen by ID:	_____		
<input type="checkbox"/> Other _____			
Antibiotics given?	Y	N	Unknown
If yes, give name: _____			
Dose: _____			
Start date: _____	Stop date: _____		
Other Treatment given?	Y	N	Unknown
If yes, describe: _____			

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SUSPECT TULAREMIA CASE INVESTIGATION FORM**

Current clinical status	<input type="checkbox"/> Improved	<input type="checkbox"/> No change	<input type="checkbox"/> Worsened	<input type="checkbox"/> Back to baseline
Describe progression: 				
Disposition	<input type="checkbox"/> Discharged	<input type="checkbox"/> Admitted to ward	<input type="checkbox"/> Admitted to ICU	<input type="checkbox"/> Outpatient
	<input type="checkbox"/> Died			
	If died, date of death ____/____/____			
Current diagnosis	<input type="checkbox"/> Tularemia <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Pneumonic <input type="checkbox"/> Typhoidal <input type="checkbox"/> Ulceroglandular </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Glandular <input type="checkbox"/> Oculoglandular <input type="checkbox"/> Oropharyngeal </div> <div style="margin-top: 10px;"><input type="checkbox"/> Non-Specific Febrile Illness</div> <div style="margin-top: 5px;"><input type="checkbox"/> Pneumonia of Unknown Etiology</div> <div style="margin-top: 5px;"><input type="checkbox"/> Other (specify) _____</div>			
LABORATORY SPECIMENS OBTAINED:				
Blood/serum	Y	N	Unknown	Status: <input type="checkbox"/> at hospital <input type="checkbox"/> sent to SPHL <input type="checkbox"/> sent to CDC
Tracheal/lung aspirate	Y	N	Unknown	Status: <input type="checkbox"/> at hospital <input type="checkbox"/> sent to SPHL <input type="checkbox"/> sent to CDC
Sputum	Y	N	Unknown	Status: <input type="checkbox"/> at hospital <input type="checkbox"/> sent to SPHL <input type="checkbox"/> sent to CDC
Skin biopsy or skin lesion material	Y	N	Unknown	Status: <input type="checkbox"/> at hospital <input type="checkbox"/> sent to SPHL <input type="checkbox"/> sent to CDC
Conjunctival exudate	Y	N	Unknown	Status: <input type="checkbox"/> at hospital <input type="checkbox"/> sent to SPHL <input type="checkbox"/> sent to CDC
Pharyngeal exudate	Y	N	Unknown	Status: <input type="checkbox"/> at hospital <input type="checkbox"/> sent to SPHL <input type="checkbox"/> sent to CDC
CSF	Y	N	Unknown	Status: <input type="checkbox"/> at hospital <input type="checkbox"/> sent to SPHL <input type="checkbox"/> sent to CDC
Other	Describe:			
Specimens available now?	Y N Unknown			
	If yes, what is available and where?			

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SUSPECT TULAREMIA CASE INVESTIGATION FORM**

LAB RESULTS:					
Specimen	Date Obtained	Test Ordered	Laboratory	Result	Current Location of Specimen
Blood/serum					
Tracheal/lung aspirate					
Sputum					
Skin biopsy or skin lesion material					
Conjunctival exudate					
Pharyngeal exudate					
CSF					
Other, specify					
Other, specify					
Other, specify					

OTHER DIAGNOSTIC TESTS:	
Chest x-ray Y N Unknown If yes, describe findings:	
Other Describe:	

ENVIRONMENTAL SAMPLING/TESTING			
Location of Specimen	<input type="checkbox"/> Residence	<input type="checkbox"/> Work Place	<input type="checkbox"/> Other, specify _____
Type of Specimen(s)			
Where was specimen(s) collected			
Date(s) collected			
Type of test(s) performed			
Result(s) of test(s)			
Date(s) of test result(s)			
Name of laboratory performing test(s)			
Address of Laboratory performing test(s)			
Telephone number of laboratory performing test(s)			

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SUSPECT TULAREMIA CASE INVESTIGATION FORM**

ACTIVITIES DURING THE THREE WEEKS PRIOR TO ONSET OF SIGNS/SYMPTOMS

This section of the questionnaire should be completed for activities that took place at a second residence, at work, during recent travel outside home town or city, at sporting events, at religious meetings, at recreational events, at volunteer activities, at other meetings/events, at other outdoor activities and while doing hobby activities.

Month																													
Date for past three weeks ®																													
Day of the week* ®																													
Residence 2 (e.g., vacation home) Location (address):																													
Work 1: Location: Shift: % time outdoors:																													
Work 2: Location: Shift: % time outdoors:																													
Recent travel 1 outside home town or city describe:	Location:																												
Recent travel 2 outside home town or city describe:	Location:																												
Sporting Event 1 describe:	Location:																												
Sporting Event 2 , describe:	Location:																												
Religious Meeting 1 , describe:	Location:																												

*Use following acronyms: S=Sunday, M=Monday, T=Tuesday, W=Wednesday, Th=Thursday, F=Friday and Sa=Saturday.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES SUSPECT TULAREMIA CASE INVESTIGATION FORM

[illegible]

*Use following acronyms: S=Sunday, M=Monday, T=Tuesday, W=Wednesday, Th=Thursday, F=Friday and Sa=Saturday.

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SUSPECT TULAREMIA CASE INVESTIGATION FORM**

POTENTIAL RISK EXPOSURES

YES	NO	UNK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact With Animals
			If yes, describe _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Associated With Animals
			If yes, describe _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Own Pets
			If yes, describe _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact With Rats, Mice, Ground Squirrels, Rabbits, Prairie Dogs, Chipmunks or Other Small Mammals
			If yes, describe _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Presence of Rats, Mice, or Other Small Mammals in Home or Place of Work
			If yes, describe _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hobbies
			If yes, describe _____

**OTHER POTENTIAL RISK EXPOSURES IN THE 3 WEEKS PRIOR TO ONSET OF
SIGNS/SYMPTOMS**

YES	NO	UNK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Presence of Rats, Mice, or Other Small Mammals in Any Locations Visited in the 3 Weeks Prior to Onset of Signs/Symptoms
			If yes, describe _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact With Ticks, Mosquitoes, or Biting Flies
			If yes, describe _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hunting Trips
			If yes, describe _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trap Animals
			If yes, describe _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Butcher Animals
			If yes, describe _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hiking Trips
			If yes, describe _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Camping Trips
			If yes, describe _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact With Hay or Straw
			If yes, describe _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact With Unusual Powders, Dusts, or Aerosols
			If yes, describe _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Unusual Occurrences
			If yes, describe _____

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SUSPECT TULAREMIA CASE INVESTIGATION FORM**

ASSOCIATED CASES

YES NO UNK

☐ ☐ ☐ **Contact (within 3 weeks of onset of illness) With Persons With a Febrile, Flu-Like, and/or Respiratory Illness, or an Ulcerated Skin Lesion**

Name(s) _____

Address(es) or Other Locating Information _____

Description of Illness(es) _____

Date(s) of Onset (if known) _____

☐ ☐ ☐ **Patient/Family Aware of Other Persons With a Febrile, Flu-Like, and/or Respiratory Illness or an Ulcerated Skin Lesion**

Name(s) _____

Address(es) or Other Locating Information _____

Description of Illness(es) _____

Date(s) of Onset (if known) _____

☐ ☐ ☐ **Other Associated Cases**

Number _____

Describe Association With Patient _____

Name of person completing form:

Phone:

- 1. Phone and Fax numbers at Missouri Department of Health and Senior Services (MDHSS): Ph: 1-800-392-0272, FAX: 573-751-6041**
- 2. If further information becomes available on this patient, ask them to call the Division of Environmental Health and Communicable Disease Prevention (573-751-6000) during business hours, or after hours, call Department Emergency Response Management Center (1-800-392-0272) and ask for the on call officer**
- 3. If there are any questions by the provider re: prophylaxis or specimen preparation, refer them to or fax them the appropriate MDHSS Alert**

MISSOURI DEPARTMENT OF HEALTH

INVESTIGATION OF TULAREMIA

Patient's Name		Age	Sex	Race
Street Address or RFD		City or Town	County	
Place Employed or School Attended		Occupation		
Date of Onset	Date Reported	How did you first learn of this case?		Date
		Lab. Rpt.	PHN	Physician Interview
Patient Hospitalized?		Date		Attending Physician
<input type="checkbox"/> No <input type="checkbox"/> Yes				
Name of Hospital		Hospital Physician		

Site of Initial Lesion: _____

Source of Infection: Tick Bite _____ Infected Animal _____ Species _____ Unknown _____

Date of Exposure _____ Location and Circumstances of Exposure: _____

Clinical Symptoms:

Fever (degree) _____	Headache _____	Back & extremity pain _____
Ulcer _____	Chills _____	Vomiting _____
Enlarged lymph nodes _____	Sweats _____	Other _____
Conjunctivitis _____	Prostration _____	

Medication: _____

DIAGNOSTIC LABORATORY TESTS ON PATIENT

Date Collected	Type of Specimen	Results	Name of Laboratory
	Acute Blood		
	Convalescent Blood		
	Lesion Culture		
	Other (Specify)		

Final Diagnosis: Tularemia _____ Not Tularemia _____ Other Diagnosis _____

Type of Tularemia:

Ulceroglandular _____ Oculoglandular _____ Glandular _____ Typhoidal _____ Other _____

Comments: _____

Source of Information _____

Name of Investigator: _____ Date: _____